



KENTUCKY DEPARTMENT OF VETERANS AFFAIRS

TUITION WAIVER APPLICATION

Applicant Data

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State/Zip Code _____

Soc Sec # _____ Date of Birth _____ Telephone _____

What is your relationship to the veteran? (Specify biological child, adopted child, stepchild, spouse, widow, or widower.) _____ **(Attach appropriate documentation)**

Email Address _____ Did/do you reside in the veteran's household? _____

Full Name of State supported school _____

Anticipated enrollment date (or original date of enrollment if already enrolled) _____

Have you or any member of the veteran's family previously been issued a Tuition Waiver Certificate? Yes ___ No ___

If yes, Certificate Number and name of family member _____

If spouse of deceased veteran, are you remarried? _____ Yes _____ No

Veteran Data

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State/Zip Code _____

Soc Sec# _____ Date of Birth _____ Telephone _____

VA File # _____ Service # _____ KY Resident? Yes ___ No ___

Home of Record at time of entry into service _____ **(Attach DD214)**

Dates of Service _____

Character of Service: _____

Is the veteran totally disabled? Yes ___ No ___ **(Attach SSA and/or VA disability decision.)**

Was the veteran a Prisoner of War? Yes ___ No ___

Deceased Veteran

Date of Death _____ Residence at time of death _____

Cause of death _____

Died on Active Duty? Yes ___ No ___ **(Attach DD Form 1300 if yes or 214 if no)**

Was the veteran totally disabled at the time of death? Yes ___ No ___ **(Attach SSA and/or VA disability decision)**

Was the veteran receiving VA disability at the time of death? Yes ___ No ___ **(Attach VA Rating Decision)**

ALL SUPPORTING DOCUMENTS MUST ACCOMPANY THE APPLICATION

Applicant

I hereby certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for tuition waiver or, if already receiving tuition waiver, I will be disqualified from future eligibility. I hereby authorize the Kentucky Department of Veterans Affairs and agencies to whom my name is certified/ referred to make all necessary investigations concerning me, my status, eligibility, or my action in any transaction. I authorize the Kentucky Department of Veterans Affairs to receive and make available to state institutions of higher education my records attached in support of this application, and further authorize and request each institution, agency or organization to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature below as a condition of eligibility. I understand that this application is to determine eligibility for tuition waiver provided by the Commonwealth of Kentucky under Kentucky Revised Statutes. I understand that certification of eligibility is made only by the Kentucky Department of Veterans Affairs.

Signature of Applicant _____ Date Signed _____

Requested Effective Date _____

Please send completed application and documentation to:

Kentucky Department of Veterans Affairs, Attn: Tuition Waiver Coordinator, 321 West Main Street, Suite 390, Louisville, KY 40202

*******FOR KDVA USE ONLY*******

KRS 164.505: Veteran died on active duty _____ and joined the military from Kentucky _____, and applicant has proven relationship to veteran _____, and applicant is either a child of any age or an un-remarried spouse _____.

KRS 164.505: Veteran was honorably discharged _____ and veteran died as a result of service-connected disabilities _____, and joined the military from Kentucky _____, and applicant has proven relationship to veteran _____, and applicant is either a child of any age or an un-remarried spouse _____.

KRS 164.507: Veteran was honorably discharged _____ and veteran died as a result of service-connected disabilities _____, or veteran is a wartime veteran _____ and veteran was a Kentucky resident at the time of death _____, or veteran was married to a Kentucky resident at the time of death _____, and applicant has proven relationship to veteran _____, and applicant is either a child under the age of 26 or an un-remarried spouse of the veteran _____.

KRS 164.512: Veteran was discharged under honorable conditions _____, and veteran is a Kentucky resident _____, or veteran was once a Kentucky resident _____, and applicant has proven relationship to veteran _____, and applicant is a child of any age who has acquired a disability as a direct result of the veteran's service _____, and the VA must have determined the child's disability is compensable _____.

KRS 164.515: Veteran was discharged under honorable conditions _____, and veteran is a Kentucky resident _____, and applicant has proven relationship to veteran _____, and applicant is either a child under the age of 26 or a spouse of any age _____, and veteran is Missing in Action _____, or veteran is 100% service connected disabled _____, or veteran is totally disabled _____ and veteran is a wartime veteran _____, or veteran is totally disabled _____ and was a Prisoner of War _____.

KRS 164.515: Veteran was honorably discharged _____ and veteran has wartime service _____ and veteran was totally disabled at the time of death _____ and veteran was once a resident of Kentucky _____, and applicant has proven relationship to veteran _____, and applicant is either a child under the age of 26 or former spouse of the veteran _____.

Approved/Disapproved: _____ Date: _____ Effective Date: _____

Chapter: _____ Certificate Number: _____